

Migrants suffer all the same barriers faced by other Latinos in accessing the health care system, including different health care expectations, a lack of understanding of the US health system, language barriers, inability to take off work, and transportation problems. Further, migrants are even more likely to be uninsured than the general Latino population and have particular problems accessing publicly-funded health insurance programs. Because of the transitory nature of their work, migrant farmworkers may have little understanding of the local health care systems. Migrants are often isolated, living in remote rural areas, and may lack telephones and transportation.

Migrant and seasonal farmworkers and their families have different and more complex problems, many of which can be attributed to a mobile lifestyle and the environmental and occupational hazards of farmwork. Because of state laws, migrant and seasonal farmworkers, unlike most other employees, lack workers' compensation coverage. Thus, while they are working in a hazardous industry—agriculture—they have no form of recourse if they are injured on the job. Migrants, as a whole, are more likely to harbor infectious and other parasitic diseases. They are also likely to have a higher incidence of tuberculosis. Nationally, studies suggest that migrant farmworker women have poorer health outcomes; the infant mortality rate for farmworkers is 25-30% higher than the national average. Because of the isolation of many migrant and seasonal farmworkers, special outreach efforts by trusted members of the community are needed.

7. There are insufficient resources available to address the health, behavioral health and dental health needs of Latinos.

Because of financial and non-financial barriers, health, behavioral health and dental health services are generally more limited for the North Carolina Latino population than for other North Carolinians. As a result, the Latino population relies more heavily on publicly-funded programs or safety-net providers—that is, providers who are willing to treat low-income patients for free or on a sliding-scale fee basis. However, these resources are not available throughout the state, and even when available, they may be insufficient to serve all in need. Nationally, almost four fifths of all the people in the United States saw a doctor in the past year. However, the available data—albeit limited—suggest that there are many counties in the state where less than 20% of Latinos visited a primary care provider in the past year. Further, Latinos have particular problems accessing behavioral health services. Despite the evidence that Latinos are more likely to be born with developmental disabilities, and that Latino males may have a higher incidence of alcohol abuse, Latino use of publicly-funded mental health, developmental disabilities and substance abuse services is very low. While the state and many other public and private health care providers have implemented special outreach efforts to reach the Latino community, these are generally isolated initiatives. There have been limited state or local funds available to cover the costs of treating uninsured Latinos.

There are new federal funds available that can be used to provide primary care, dental and behavioral health services to Latinos and other underserved populations in the state. However, special efforts are needed to encourage and assist